

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587987

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 587987

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103			1			
104			1			
105			1			
106			1			
107			1			
108			1			
109			1			
110			1			
111			1			
112			1			
113			1			
114			1			
115			1			
116			1			
117			1			
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124			1			
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129			1			
130			1			
131			1			
132			1			
133			1			
134			1			
135			1			
136			1			
137			1			
138			1			
139			1			
140			1			
141			1			
142			1			
143			1			
144			1			
145			1			
146			1			
147			1			
148			1			
149			1			
150			1			
TOTAL IND.			11			
TOTAL DEP.			46			
TOTAL CLAIMS			57			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						